Workers' Compensation Legal Specialization Boot Camp

July 16-17, 2011 Marina del Rey and July 30-31 2011 Concord

REGISTRATION FORM

Choose Location:	
	☐ Concord istrant per form. Photocopies may be used.
Bar Number: _	
Name:	
Firm:	
	Zip Code:
Phone Numbe	er: Fax Number:
Email Address	<u> </u>
	(Required for email confirmation)
Program package includes 8.75 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.	
PRE-REGIS	TRATION FEES (check the appropriate circle)
O \$295 Wo	orkers' Compensation Section Members
	n-Workers' Compensation Section Members cludes enrollment in the Workers' Compensation Section for 2011)
o \$150 Lav	w School Faculty/Paralegals/Government and Non-Profit
o \$50 No	n-Attorney Law Students (Student ID Required *Space Limited)
AMOUNT EN	CLOSED OR TO BE CHARGED \$
I authorize the VISA/MasterC	ARD INFORMATION (VISA/MasterCard Only) State Bar of California to charge my program registration to my ard account. (No other credit card will be accepted.)
Account Number:(Visa or MasterCard only)	
Expiration Date:	
Cardholder's I	Name:
Cardholder's	Signature:
Deadline:	In order to pre-register, your form and check, payable to the State Bar of California, or credit card information, must be received 5 days prior to program.
Register Online	e: workerscomp.calbar.ca.gov
Mail To:	Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105.
Fax To:	Program Registration at 415-538-2368. In order to fax your

The State Bar of California and the Workers' Compensation Section are approved State Bar of California MCLE providers.

(Photocopies of checks will NOT be accepted.)

registration, credit card information is MANDATORY.